

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODBINE REHABILITATION &amp; HEALTHCARE CENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2729 KING ST ALEXANDRIA, VA 22302</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments  An unannounced biennial State Licensure Inspection was conducted 4/20/2021 through 4/23/2021. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.  The census in this 307 certified bed facility was 278 at the time of the survey. The survey sample consisted of 34 current Resident reviews.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. 12 VAC 5-371-220. Nursing Services. 12 VAC 5-371-220 (B): Cross reference to F-693.	F 001	Woodbine shares the state focus on the health, safety, and well being of facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, it has implemented its plan of correction to demonstrate its continuing efforts to provide quality care to its residents.  The deficiency cited by the surveyor will be put into the QAPI process and monitored through this system to assure compliance.  12 VAC 5-371-220 Nursing Services cross reference to F-693  Corrective Action Immediate corrective action was taken by the correcting the rate of the feeding to 65cc/hr. as ordered by the physician on	5/30/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/27/21

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F 001	Continued From page 1	F 001	<p>4/20/21. The resident was weighed, and she had not lost any weight due to not receiving incorrect amount of feeding. An apology was rendered to the resident on 4/21/21 by the Unit Manager; the resident representative was notified as well as attending physician. The physician issue no new orders at that time. The Licensed staff responsible for the resident was counselled and re-educated for not reading the orders correctly. (completed 4/21/21)</p> <p>Identification To ensure that no other residents were affected, all residents receiving tube feedings in the entire facility were audited to ensure that the tube feeding rate was being delivered as per current physician order. No areas of non-compliance were found. (Completed 4/21/2021)</p> <p>Systemic change All licensed staff will participate re-education on administration of tube feedings with emphasis on administering the correct and current tube feeding rates as ordered by attending physician. Registered dieticians were re-educated on ensuring that the current order is discontinued when the MD orders a change in the tube feeding order. (Completed 4/22/21.) On the unit where resident #20 resides, the night shift supervisor will review all new orders and changes made for Tube Feeding in the last 24 hours and ensure that the proper change has been made by reviewing the tube feeding and rate in the residents room. Any area of non-compliance will be</p>		

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F 001	Continued From page 2	F 001	<p>corrected immediately. The nurse will receive 1:1 counseling. The MD, RR and Unit Manager will be notified. (Completed by 5/30/21)</p> <p>Monitoring The ADON (or her designee) will audit tube feeding rates of 20% of the residents on the unit where resident # 20 resides each month. Any areas of non-compliance will be corrected immediately and the nurse will receive 1:1 counseling. Notifications made to the MD, resident representative, and the DON. The ADON will submit a Quarterly report of any area of non-compliance to the QAPI Team for further discussion and recommendations. (Completed by 5/30/21)</p>		